

Utah PTA

Membership Dues Enclosed: \$ _____

MEMBERSHIP INFORMATION



Name: First _____ Last _____

Name: First _____ Last _____

Address: _____

City: _____ Zip: _____ Phone: _____

Track (if year round): _____ Email Address: _____

Children in School:

Name: _____

Name: _____

Grade: _____

Grade: _____

Teacher: _____

Teacher: _____

Upon payment of \$ _____ PER MEMBER as annual dues, you are entitled to membership in the _____ PTA, Utah PTA, and National PTA.